(Amended Fel	51, Supp. No. 11) bruary 20, 1952)	SERVIO	CES OTHER THAN PE	KSUŅAL	Bu.	Vou. No.	<u></u>		<b></b>
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	(Add	dress)	(City) TICLES OR SERVICES	(State)	T	UNIT F	RICE	AMOUNT	<u> </u>
No. and Date of Order	Date of Delivery or Service	(Enter description, it schedule, and o	TICLES OR SERVICES tem number of contract or Feder ther information deemed necess	al supply iry)	QUANTITY	Cost	Per	Dollars	Cts.
		N. S.							
		Costs						1,413	54
PAYMENT:									
Complete									
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Final			ntinuation sheet(s) if necessary Weight Governm	ent B/L No.	1	1	Total	1,413	54
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		I certify that this account	t is correct and proper for payn						
Pursuant to auth	ority vested in me,		t is correct and proper for payn †.						2
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Pursuant to auth † Approved for \$  By	ority vested in me,	THIS FORM MUST BE EXECUTED	SIGN ORIGINAL ONLY  Date WHEN PURCHASES ARE MADE OR SERVICE	S SECURED WIT				1	STAT
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Approved For Release 2000/04/12 : CIA-RDP64-00360R000400110017-8 STATOTHR